

"Express Mail" mailing label number **EV400237365US**

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Type a plus sign (+) inside this box → ☐

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<small>0010/PTO Rev. 6/95</small> <div style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div><input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</div>	<small>U.S. Department of Commerce Patent and Trademark Office</small>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">C 2319 PCT/US</td></tr><tr><td>First Named Inventor</td><td>MOUSSOU, Philippe</td></tr><tr><td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	C 2319 PCT/US	First Named Inventor	MOUSSOU, Philippe	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	C 2319 PCT/US															
First Named Inventor	MOUSSOU, Philippe															
<i>COMPLETE IF KNOWN</i>																
Application Number																
Filing Date																
Group Art Unit																
Examiner Name																

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ACTIVE SUBSTANCES FOR USE IN COSMETIC AND/OR PHARMACEUTICAL PRODUCTS,
OBTAINABLE FROM THE FERMENTATION OF PLANT COMPONENTS AND/OR PLANT
EXTRACTS**

(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 01/07/2003 as United States Application Number or PCT International

Application Number PCT/EP03/00066 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
02/00423	FR	01/15/2002	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

Type a plus sign (+) inside this box → ☐

C 2319 PCT/US

DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP03/00066	01/07/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number	or label	
OR				

☒ List Attorney(s) and/or agent(s) name and registration number below:

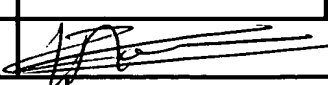
Name	Registration Number	Name	Registration Number
Steven J. Trzaska	36,296		
Aaron R. Ettelman	42,516		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	or label	23657	OR	<input type="checkbox"/> Fill in correspondence address below
--------------------------------------	---	----------	--------------	----	---

Name	Aaron R. Ettelman				
Address					
Address					
City		State		Zip	
Country		Telephone	215-628-1413	Fax	215-628-1345

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Philippe	Middle Initial		Family Name	Moussou	Suffix e.g. Jr.	
Inventor's Signature					Date	26 May 2004	
Residence: City	Nancy	State		Country	France	Citizenship	France
Post Office Address	14, rue de Marsal						
Post Office Address							
City	54000 Nancy	State		Zip		Country	France
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box ☐

C 2319 PCT/US

										ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Louis			Middle Initial		Family Name	Danoux			Suffix e.g. Jr.		
Inventor's Signature						Date	26 mai 2004					
Residence: City	Saulxures Les Nancy			State		Country	France			Citizenship	France	
Post Office Address	12, rue de Bretagne											
Post Office Address												
City	54420 Saulxures Les Nancy			State		Zip		Country	France		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Gilles			Middle Initial		Family Name	Pauly			Suffix e.g. Jr.		
Inventor's Signature						Date	26 May 09					
Residence: City	Nancy			State		Country	France			Citizenship	France	
Post Office Address	5, rue de Begonias											
Post Office Address												
City	54000 Nancy			State		Zip		Country	France		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature						Date						
Residence: City				State		Country				Citizenship		
Post Office Address												
Post Office Address												
City				State		Zip		Country			Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature						Date						
Residence: City				State		Country				Citizenship		
Post Office Address												
Post Office Address												
City				State		Zip		Country			Applicant Authority	
Additional inventors are being named on supplemental sheet(s) attached hereto												